

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
 before submitting or form will be returned.

I Reporting Information

Year: 2013

Fill in circle if amendment ☒

Report Period: ☒ January/June ☐ July/December

Type of Lobbying: ☐ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number:

FOR OFFICE USE ONLY

Cjn

Amendment

RECEIVED
 11/15/2013
 Amended for S of F
 HAND DELIVERED

II Client Information

Name: Greater NY Health Care Facilities Association

Permanent Business Address: 519 8th Avenue, 16th Floor

City: New York

State: NY

ZIP code: 10018

Business Phone: 212-643-2828

Fax Number: 212-643-2956

Third Party Beneficiary (see instructions):

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

B Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$.00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75: \$.00
B Report in the aggregate all expenses for salaries of non-lobbying employees: \$.00

C Itemize each expense exceeding \$75:

PAID TO: DATE: / / ☐ Ad ☐ Social Event
PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached
☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event
PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached
☐ PROCUREMENT ☐ NONPROCUREMENT

☐ Continued on attached pages

* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

D Total expenses for current period: \$.00 (if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.
A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name: Atlantis R&R Healthcare

or
Single Source Person's Last Name:

First Name:

Address: 140 St. Edwards Street

State: NY

ZIP code: 11201

City: Brooklyn

Phone:

Date Contribution Received:	02 / 04 / 13	Amount of Contribution:	\$ 255 .00
Date Contribution Received:	02 / 21 / 13	Amount of Contribution:	\$ 49 .00
Date Contribution Received:	03 / 28 / 13	Amount of Contribution:	\$ 255 .00
Date Contribution Received:	04 / 18 / 13	Amount of Contribution:	\$ 255 .00
Date Contribution Received:	05 / 20 / 13	Amount of Contribution:	\$ 255 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contribution(s) Single Source #2

Single Source Entity's Name: Bay Park

or
Single Source Person's Last Name:

First Name:

Address: 20 Franklin Place

State: NY

ZIP code: 11598

City: Woodmere

Phone:

Date Contribution Received:	03 / 19 / 13	Amount of Contribution:	\$ 588 .00
Date Contribution Received:	04 / 25 / 13	Amount of Contribution:	\$ 294 .00
Date Contribution Received:	05 / 07 / 13	Amount of Contribution:	\$ 294 .00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure**A**

Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Bronx Park Rehabilitation and Nursing Center

or
Single Source Person's Last Name:

First Name:

Address: 3845 Carpenter Avenue

State: NY

ZIP code: 10467

City: Bronx

Phone:

Date Contribution Received:	02	/19	/13	Amount of Contribution:	\$118	.00
Date Contribution Received:	04	/25	/13	Amount of Contribution:	\$118	.00
Date Contribution Received:	05	/07	/13	Amount of Contribution:	\$118	.00
Date Contribution Received:	/	/	/	Amount of Contribution:	\$	.00
Date Contribution Received:	/	/	/	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 04

Single Source Entity's Name: Brookhaven Rehabilitation

or
Single Source Person's Last Name:

First Name:

Address: 20 Franklin Place

State: NY

ZIP code: 11598

City: Woodmere

Phone:

Date Contribution Received:	01	/11	/13	Amount of Contribution:	\$161	.00
Date Contribution Received:	02	/15	/13	Amount of Contribution:	\$161	.00
Date Contribution Received:	03	/18	/13	Amount of Contribution:	\$161	.00
Date Contribution Received:	05	/24	/13	Amount of Contribution:	\$161	.00
Date Contribution Received:	/	/	/	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 05

Single Source Entity's Name: Ditmas Park

or
Single Source Person's Last Name:

First Name:

Address: 2107 Ditmas Avenue

State: NY

ZIP code: 11226

City: Brooklyn

Phone:

Date Contribution Received:	01	/15	/13	Amount of Contribution:	\$147	.00
Date Contribution Received:	06	/17	/13	Amount of Contribution:	\$74	.00
Date Contribution Received:	06	/17	/13	Amount of Contribution:	\$74	.00
Date Contribution Received:	/	/	/	Amount of Contribution:	\$	.00
Date Contribution Received:	/	/	/	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Eastchester Rehabilitation

or
Single Source Person's Last Name:

First Name:

Address: 801 West 190th Street

State: NY

ZIP code: 10040

City: New York

Phone:

Date Contribution Received:	01 / 17 / 13	Amount of Contribution: \$ 256	.00
Date Contribution Received:	02 / 21 / 13	Amount of Contribution: \$ 127	.00
Date Contribution Received:	03 / 12 / 13	Amount of Contribution: \$ 176	.00
Date Contribution Received:	04 / 18 / 13	Amount of Contribution: \$ 127	.00
Date Contribution Received:	06 / 07 / 13	Amount of Contribution: \$ 255	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 07

Single Source Entity's Name: Fairview Nursing Care Center

or
Single Source Person's Last Name:

First Name:

Address: 69-70 Grand Central Parkway

State: NY

ZIP code: 11375

City: Forest Hills

Phone:

Date Contribution Received:	01 / 28 / 13	Amount of Contribution: \$ 236	.00
Date Contribution Received:	02 / 25 / 13	Amount of Contribution: \$ 118	.00
Date Contribution Received:	03 / 28 / 13	Amount of Contribution: \$ 118	.00
Date Contribution Received:	05 / 20 / 13	Amount of Contribution: \$ 118	.00
Date Contribution Received:	06 / 13 / 13	Amount of Contribution: \$ 118	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 08

Single Source Entity's Name: Forest Hills Care Center

or
Single Source Person's Last Name:

First Name:

Address: 71-44 Yellowstone Blvd.

State: NY

ZIP code: 11375

City: Forest Hills

Phone:

Date Contribution Received:	02 / 08 / 13	Amount of Contribution: \$ 128	.00
Date Contribution Received:	03 / 19 / 13	Amount of Contribution: \$ 64	.00
Date Contribution Received:	04 / 22 / 13	Amount of Contribution: \$ 64	.00
Date Contribution Received:	05 / 13 / 13	Amount of Contribution: \$ 64	.00
Date Contribution Received:	06 / 10 / 13	Amount of Contribution: \$ 64	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Ft. Tryon Center for Rehab.

or
Single Source Person's Last Name:

First Name:

Address: 801 West 190th Street

State: NY

ZIP code: 10040

City: New York

Phone:

Date Contribution Received:	01 / 08 / 13	Amount of Contribution: \$ 354	.00
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Date Contribution Received:	02 / 07 / 13	Amount of Contribution: \$ 131	.00
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Date Contribution Received:	03 / 12 / 13	Amount of Contribution: \$ 131	.00
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Date Contribution Received:	05 / 06 / 13	Amount of Contribution: \$ 131	.00
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Date Contribution Received:	06 / 07 / 13	Amount of Contribution: \$ 131	.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 10

Single Source Entity's Name: Friedwald Center for Rehab

or
Single Source Person's Last Name:

First Name:

Address: 475 New Hempstead Road

State: NY

ZIP code: 10956

City: New City

Phone:

Date Contribution Received:	02 / 04 / 13	Amount of Contribution: \$ 106	.00
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Date Contribution Received:	03 / 05 / 06	Amount of Contribution: \$ 106	.00
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Date Contribution Received:	06 / 03 / 13	Amount of Contribution: \$ 423	.00
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Date Contribution Received:	/ /	Amount of Contribution: \$ 0	.00
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Date Contribution Received:	/ /	Amount of Contribution: \$ 0	.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 11

Single Source Entity's Name: Garden Care Center

or
Single Source Person's Last Name:

First Name:

Address: 135 Franklin Square

State: NY

ZIP code: 11010

City: Franklin Square

Phone:

Date Contribution Received:	01 / 07 / 13	Amount of Contribution: \$ 148	.00
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Date Contribution Received:	03 / 19 / 13	Amount of Contribution: \$ 148	.00
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Date Contribution Received:	04 / 15 / 13	Amount of Contribution: \$ 148	.00
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Date Contribution Received:	05 / 13 / 13	Amount of Contribution: \$ 74	.00
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Date Contribution Received:	06 / 07 / 13	Amount of Contribution: \$ 74	.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Golden Gate Rehabilitation

or
Single Source Person's Last Name:

First Name:

Address: 20 Franklin Place

State: NY

ZIP code: 11598

City: Woodmere

Phone:

Date Contribution Received:	01 / 11 / 13	Amount of Contribution: \$ 152	.00
Date Contribution Received:	02 / 15 / 13	Amount of Contribution: \$ 152	.00
Date Contribution Received:	03 / 18 / 13	Amount of Contribution: \$ 152	.00
Date Contribution Received:	05 / 10 / 13	Amount of Contribution: \$ 152	.00
Date Contribution Received:	06 / 07 / 13	Amount of Contribution: \$ 152	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 13

Single Source Entity's Name: Hillside Manor Rehabilitation

or
Single Source Person's Last Name:

First Name:

Address: 182-15 Hillside Avenue

State: NY

ZIP code: 11432

City: Jamaica

Phone:

Date Contribution Received:	02 / 21 / 13	Amount of Contribution: \$ 225	.00
Date Contribution Received:	03 / 05 / 13	Amount of Contribution: \$ 176	.00
Date Contribution Received:	04 / 25 / 13	Amount of Contribution: \$ 352	.00
Date Contribution Received:	05 / 30 / 13	Amount of Contribution: \$ 176	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 14

Single Source Entity's Name: Hudson Pointe at Riverdale Center for Nursing

or
Single Source Person's Last Name:

First Name:

Address: 3220 Henry Hudson Parkway

State: NY

ZIP code: 10463

City: Riverdale

Phone:

Date Contribution Received:	01 / 28 / 13	Amount of Contribution: \$ 57	.00
Date Contribution Received:	02 / 15 / 13	Amount of Contribution: \$ 106	.00
Date Contribution Received:	03 / 19 / 13	Amount of Contribution: \$ 114	.00
Date Contribution Received:	05 / 13 / 13	Amount of Contribution: \$ 57	.00
Date Contribution Received:	06 / 07 / 13	Amount of Contribution: \$ 57	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Huntington Hills Center for Health

or
Single Source Person's Last Name:

First Name:

Address: 400 South Service Road

State: NY

ZIP code: 11747

City: Melville

Phone:

Date Contribution Received:	01	/	24	/	13	Amount of Contribution:	\$ 330	.00
Date Contribution Received:	02	/	21	/	13	Amount of Contribution:	\$ 110	.00
Date Contribution Received:	03	/	05	/	13	Amount of Contribution:	\$ 110	.00
Date Contribution Received:	04	/	01	/	13	Amount of Contribution:	\$ 110	.00
Date Contribution Received:	05	/	23	/	13	Amount of Contribution:	\$ 220	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 16

Single Source Entity's Name: Hyde Park Nursing Home

or
Single Source Person's Last Name:

First Name:

Address: 4975 Albany Post Road

State: NY

ZIP code: 12580

City: Staatsburg

Phone:

Date Contribution Received:	02	/	25	/	13	Amount of Contribution:	\$ 60	.00
Date Contribution Received:	03	/	27	/	13	Amount of Contribution:	\$ 152	.00
Date Contribution Received:	04	/	22	/	13	Amount of Contribution:	\$ 30	.00
Date Contribution Received:	05	/	13	/	13	Amount of Contribution:	\$ 30	.00
Date Contribution Received:	/	/	/	/	/	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 17

Single Source Entity's Name: Keser Nursing & Rehabilitation Center

or
Single Source Person's Last Name:

First Name:

Address: 40 Heyward Street

State: NY

ZIP code: 11211

City: Brooklyn

Phone:

Date Contribution Received:	01	/	24	/	13	Amount of Contribution:	\$ 84	.00
Date Contribution Received:	02	/	11	/	13	Amount of Contribution:	\$ 42	.00
Date Contribution Received:	03	/	18	/	13	Amount of Contribution:	\$ 42	.00
Date Contribution Received:	04	/	22	/	13	Amount of Contribution:	\$ 42	.00
Date Contribution Received:	06	/	03	/	13	Amount of Contribution:	\$ 42	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Little Neck Nursing Homes

or
Single Source Person's Last Name:

First Name:

Address: 20 Franklin Place

State: NY

ZIP code: 11598

City: Woodmere

Phone:

Date Contribution Received:	01 / 07 / 13	Amount of Contribution: \$ 76	.00
Date Contribution Received:	02 / 19 / 13	Amount of Contribution: \$ 76	.00
Date Contribution Received:	04 / 05 / 13	Amount of Contribution: \$ 229	.00
Date Contribution Received:	05 / 13 / 13	Amount of Contribution: \$ 76	.00
Date Contribution Received:	06 / 17 / 13	Amount of Contribution: \$ 76	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 19

Single Source Entity's Name: Livingston Hills

or
Single Source Person's Last Name:

First Name:

Address: 2781 Route 9, PO Box 95

State: NY

ZIP code: 12541

City: Livingston

Phone:

Date Contribution Received:	03 / 19 / 13	Amount of Contribution: \$ 123	.00
Date Contribution Received:	04 / 11 / 13	Amount of Contribution: \$ 76	.00
Date Contribution Received:	05 / 30 / 13	Amount of Contribution: \$ 76	.00
Date Contribution Received:	06 / 10 / 13	Amount of Contribution: \$ 76	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 20

Single Source Entity's Name: Long Island Care Center

or
Single Source Person's Last Name:

First Name:

Address: 144-81 38th Avenue

State: NY

ZIP code: 11354

City: Flushing

Phone:

Date Contribution Received:	01 / 04 / 13	Amount of Contribution: \$ 71	.00
Date Contribution Received:	02 / 04 / 13	Amount of Contribution: \$ 71	.00
Date Contribution Received:	04 / 11 / 13	Amount of Contribution: \$ 71	.00
Date Contribution Received:	04 / 18 / 13	Amount of Contribution: \$ 71	.00
Date Contribution Received:	05 / 20 / 13	Amount of Contribution: \$ 71	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Manhattanville Nursing Health Care Center

or
Single Source Person's Last Name:

First Name:

Address: 311 West 231st Street

State: NY

ZIP code: 10463

City: Bronx

Phone:

Date Contribution Received:	01 / 17 / 13	Amount of Contribution: \$ 108	.00
Date Contribution Received:	02 / 15 / 13	Amount of Contribution: \$ 108	.00
Date Contribution Received:	03 / 18 / 13	Amount of Contribution: \$ 108	.00
Date Contribution Received:	04 / 17 / 13	Amount of Contribution: \$ 216	.00
Date Contribution Received:	06 / 19 / 13	Amount of Contribution: \$ 108	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 22

Single Source Entity's Name: Meadow Park Rehabilitation & Health Care

or
Single Source Person's Last Name:

First Name:

Address: 78-10 164th Street

State: NY

ZIP code: 11366

City: Flushing

Phone:

Date Contribution Received:	01 / 14 / 13	Amount of Contribution: \$ 91	.00
Date Contribution Received:	03 / 12 / 13	Amount of Contribution: \$ 182	.00
Date Contribution Received:	05 / 13 / 13	Amount of Contribution: \$ 91	.00
Date Contribution Received:	06 / 20 / 13	Amount of Contribution: \$ 91	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 23

Single Source Entity's Name: Meadowbrook Care Center

or
Single Source Person's Last Name:

First Name:

Address: 320 W. Merrick Road

State: NY

ZIP code: 11520

City: Freeport

Phone:

Date Contribution Received:	02 / 06 / 13	Amount of Contribution: \$ 823	.00
Date Contribution Received:	02 / 21 / 13	Amount of Contribution: \$ 49	.00
Date Contribution Received:	05 / 13 / 13	Amount of Contribution: \$ 1152	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Nassau Extended Care

or
Single Source Person's Last Name:

First Name:

Address: 1 Greenwich Street

State: NY

ZIP code: 11550

City: Hempstead

Phone:

Date Contribution Received: 05 / 28 / 13 Amount of Contribution: \$ 357 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 25**

Single Source Entity's Name: New Franklin Health Care Facility

or
Single Source Person's Last Name:

First Name:

Address: 142-27 Franklin Avenue

State: NY

ZIP code: 11355

City: Flushing

Phone:

Date Contribution Received: 01 / 07 / 13 Amount of Contribution: \$ 188 .00

Date Contribution Received: 02 / 06 / 13 Amount of Contribution: \$ 188 .00

Date Contribution Received: 03 / 12 / 13 Amount of Contribution: \$ 188 .00

Date Contribution Received: 05 / 23 / 13 Amount of Contribution: \$ 622 .00

Date Contribution Received: 06 / 05 / 13 Amount of Contribution: \$ 188 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 26**

Single Source Entity's Name: New Surfside Nursing Home

or
Single Source Person's Last Name:

First Name:

Address: 22-41 New Haven Avenue

State: NY

ZIP code: 11691

City: Far Rockaway

Phone:

Date Contribution Received: 01 / 24 / 13 Amount of Contribution: \$ 99 .00

Date Contribution Received: 03 / 19 / 13 Amount of Contribution: \$ 99 .00

Date Contribution Received: 04 / 15 / 13 Amount of Contribution: \$ 99 .00

Date Contribution Received: 05 / 17 / 13 Amount of Contribution: \$ 99 .00

Date Contribution Received: 06 / 14 / 13 Amount of Contribution: \$ 99 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: New Vanderbilt Rehabilitation Care Center

or
Single Source Person's Last Name:

First Name:

Address: 135 Vanderbilt Avenue

State: NY

ZIP code: 10304

City: Staten Island

Phone:

Date Contribution Received: 01 / 14 / 13 Amount of Contribution: \$ 376 .00

Date Contribution Received: 01 / 24 / 13 Amount of Contribution: \$ 368 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 28

Single Source Entity's Name: North Westchester Restorative Therapy

or
Single Source Person's Last Name:

First Name:

Address: 3550 Lexington Avenue

State: NY

ZIP code: 10547

City: Mohegan Lake

Phone:

Date Contribution Received: 01 / 04 / 13 Amount of Contribution: \$ 47 .00

Date Contribution Received: 02 / 04 / 13 Amount of Contribution: \$ 47 .00

Date Contribution Received: 03 / 05 / 13 Amount of Contribution: \$ 47 .00

Date Contribution Received: 04 / 11 / 13 Amount of Contribution: \$ 47 .00

Date Contribution Received: 05 / 29 / 13 Amount of Contribution: \$ 288 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 29

Single Source Entity's Name: Northern Manhattan Rehabilitation and Nursing Home

or
Single Source Person's Last Name:

First Name:

Address: 116 East 25th Street

State: NY

ZIP code: 10035

City: New York

Phone:

Date Contribution Received: 01 / 24 / 13 Amount of Contribution: \$ 188 .00

Date Contribution Received: 02 / 20 / 13 Amount of Contribution: \$ 188 .00

Date Contribution Received: 04 / 16 / 13 Amount of Contribution: \$ 376 .00

Date Contribution Received: 05 / 17 / 13 Amount of Contribution: \$ 188 .00

Date Contribution Received: 06 / 17 / 13 Amount of Contribution: \$ 188 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Northern Metropolitan Residential Health

or
Single Source Person's Last Name:

First Name:

Address: 225 Maple Avenue

City: Monsey

State: NY

ZIP code: 10952

Phone:

Date Contribution Received:	01 / 16 / 13	Amount of Contribution: \$ 94	.00
Date Contribution Received:	02 / 14 / 13	Amount of Contribution: \$ 47	.00
Date Contribution Received:	03 / 19 / 13	Amount of Contribution: \$ 94	.00
Date Contribution Received:	04 / 25 / 13	Amount of Contribution: \$ 94	.00
Date Contribution Received:	05 / 15 / 13	Amount of Contribution: \$ 47	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 31

Single Source Entity's Name: Ocean Promedade Nursing Center

or
Single Source Person's Last Name:

First Name:

Address: 140 Beach 113th Street

City: Rockaway Park

State: NY

ZIP code: 11694

Phone:

Date Contribution Received:	02 / 04 / 13	Amount of Contribution: \$ 76	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	03 / 05 / 13	Amount of Contribution: \$ 76	.00
Date Contribution Received:	04 / 15 / 13	Amount of Contribution: \$ 76	.00
Date Contribution Received:	04 / 29 / 13	Amount of Contribution: \$ 153	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 32

Single Source Entity's Name: Oceanview Nursing & rehabilitation Center

or
Single Source Person's Last Name:

First Name:

Address: 315 Beach 9th Street

City: Far Rockaway

State: NY

ZIP code: 11691

Phone:

Date Contribution Received:	01 / 09 / 13	Amount of Contribution: \$ 313	.00
Date Contribution Received:	02 / 19 / 13	Amount of Contribution: \$ 123	.00
Date Contribution Received:	03 / 19 / 13	Amount of Contribution: \$ 67	.00
Date Contribution Received:	05 / 17 / 13	Amount of Contribution: \$ 200	.00
Date Contribution Received:	06 / 12 / 13	Amount of Contribution: \$ 133	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Oxford Nursing Home

or
Single Source Person's Last Name:

First Name:

Address: 144 South Oxford Street

State: NY

ZIP code: 11217

City: Brooklyn

Phone:

Date Contribution Received:	01 / 14 / 13	Amount of Contribution: \$ 150	.00
Date Contribution Received:	02 / 11 / 13	Amount of Contribution: \$ 150	.00
Date Contribution Received:	03 / 12 / 13	Amount of Contribution: \$ 150	.00
Date Contribution Received:	04 / 29 / 13	Amount of Contribution: \$ 150	.00
Date Contribution Received:	06 / 07 / 13	Amount of Contribution: \$ 300	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 34

Single Source Entity's Name: Park Avenue Extended Care Facility

or
Single Source Person's Last Name:

First Name:

Address: 425 National Blvd.

State: NY

ZIP code: 11561

City: Long Beach

Phone:

Date Contribution Received:	05 / 28 / 13	Amount of Contribution: \$ 306	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 35

Single Source Entity's Name: Park Gardens Rehabilitation & Nursing Center

or
Single Source Person's Last Name:

First Name:

Address: 6585 Broadway

State: NY

ZIP code: 10471

City: Riverdale

Phone:

Date Contribution Received:	02 / 21 / 13	Amount of Contribution: \$ 49	.00
Date Contribution Received:	05 / 07 / 13	Amount of Contribution: \$ 254	.00
Date Contribution Received:	06 / 13 / 13	Amount of Contribution: \$ 127	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	00 / /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Park Terrace Care Center

or
Single Source Person's Last Name:

First Name:

Address: 59-20 Van Doren Street

State: NY

ZIP code: 11368

City: Rego Park

Phone:

Date Contribution Received: 01 / 09 / 13 Amount of Contribution: \$ 89 .00

Date Contribution Received: 02 / 06 / 13 Amount of Contribution: \$ 89 .00

Date Contribution Received: 03 / 06 / 13 Amount of Contribution: \$ 89 .00

Date Contribution Received: 05 / 06 / 13 Amount of Contribution: \$ 178 .00

Date Contribution Received: 06 / 07 / 13 Amount of Contribution: \$ 89 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 37**

Single Source Entity's Name: Pelham Parkway Nursing Care & Rehab

or
Single Source Person's Last Name:

First Name:

Address: 2401 Laconia Avenue

State: NY

ZIP code: 10469

City: Bronx

Phone:

Date Contribution Received: 02 / 01 / 13 Amount of Contribution: \$ 78 .00

Date Contribution Received: 02 / 20 / 13 Amount of Contribution: \$ 158 .00

Date Contribution Received: 05 / 13 / 13 Amount of Contribution: \$ 78 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 38**

Single Source Entity's Name: Queens Nassau Rehabilitation & Nursing

or
Single Source Person's Last Name:

First Name:

Address: 520 Beach 19th Street

State: NY

ZIP code: 11691

City: Far Rockaway

Phone:

Date Contribution Received: 02 / 25 / 13 Amount of Contribution: \$ 236 .00

Date Contribution Received: 03 / 21 / 13 Amount of Contribution: \$ 118 .00

Date Contribution Received: 04 / 15 / 13 Amount of Contribution: \$ 118 .00

Date Contribution Received: 05 / 17 / 13 Amount of Contribution: \$ 118 .00

Date Contribution Received: 16 / 10 / 13 Amount of Contribution: \$ 118 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: River Manor Care Center

or
Single Source Person's Last Name:

First Name:

Address: 611 East 103rd Street

State: NY

ZIP code: 11236

City: Brooklyn

Phone:

Date Contribution Received: 03 / 05 / 13 Amount of Contribution: \$ 391 .00

Date Contribution Received: 03 / 27 / 13 Amount of Contribution: \$ 391 .00

Date Contribution Received: 04 / 29 / 13 Amount of Contribution: \$ 261 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 40**

Single Source Entity's Name: Riverdale Nursing Home

or
Single Source Person's Last Name:

First Name:

Address: 104 Pension Road

State: NJ

ZIP code: 07726

City: Englishtown

Phone:

Date Contribution Received: 03 / 12 / 13 Amount of Contribution: \$ 286 .00

Date Contribution Received: 04 / 01 / 13 Amount of Contribution: \$ 25 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 41**

Single Source Entity's Name: Rockaway Care Center

or
Single Source Person's Last Name:

First Name:

Address: 353 Beach 48th Street

State: NY

ZIP code: 11691

City: Far Rockaway

Phone:

Date Contribution Received: 01 / 07 / 13 Amount of Contribution: \$ 145 .00

Date Contribution Received: 02 / 25 / 13 Amount of Contribution: \$ 145 .00

Date Contribution Received: 03 / 12 / 13 Amount of Contribution: \$ 145 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Sands Point Center for Health & Rehab.

or

Single Source Person's Last Name:

First Name:

Address: 1440 Pt. Washington Blvd.

State: NY

ZIP code: 11050

City: Pt. Washington

Phone:

Date Contribution Received:	02 / 21 / 13	Amount of Contribution: \$ 62	.00
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Date Contribution Received:	03 / 07 / 13	Amount of Contribution: \$ 62	.00
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Date Contribution Received:	04 / 12 / 13	Amount of Contribution: \$ 62	.00
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Date Contribution Received:	05 / 13 / 13	Amount of Contribution: \$ 62	.00
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Date Contribution Received:	06 / 13 / 13	Amount of Contribution: \$ 62	.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 43

Single Source Entity's Name: Sheepshead Nursing & Rehabilitation Center

or

Single Source Person's Last Name:

First Name:

Address: 2840 Knapp Street

State: NY

ZIP code: 11235

City: Brooklyn

Phone:

Date Contribution Received:	01 / 14 / 13	Amount of Contribution: \$ 120	.00
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Date Contribution Received:	02 / 22 / 13	Amount of Contribution: \$ 120	.00
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Date Contribution Received:	03 / 12 / 13	Amount of Contribution: \$ 120	.00
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Date Contribution Received:	05 / 10 / 13	Amount of Contribution: \$ 240	.00
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Date Contribution Received:	06 / 19 / 13	Amount of Contribution: \$ 120	.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 44

Single Source Entity's Name: Sprain Brook Manor Nursing Home

or

Single Source Person's Last Name:

First Name:

Address: 77 Jackson Avenue

State: NY

ZIP code: 10583

City: Scarsdale

Phone:

Date Contribution Received:	01 / 25 / 13	Amount of Contribution: \$ 98	.00
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Date Contribution Received:	02 / 11 / 13	Amount of Contribution: \$ 49	.00
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Date Contribution Received:	03 / 07 / 13	Amount of Contribution: \$ 49	.00
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Date Contribution Received:	05 / 08 / 13	Amount of Contribution: \$ 49	.00
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Date Contribution Received:	06 / 24 / 13	Amount of Contribution: \$ 98	.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Spring Creek Rehab.

or
Single Source Person's Last Name:

First Name:

Address: 20 Franklin Place

State: NY

ZIP code: 11598

City: Woodmere

Phone:

Date Contribution Received:	01 / 18 / 13	Amount of Contribution:	\$ 103	.00
Date Contribution Received:	03 / 18 / 13	Amount of Contribution:	\$ 103	.00
Date Contribution Received:	03 / 27 / 13	Amount of Contribution:	\$ 205	.00
Date Contribution Received:	05 / 28 / 13	Amount of Contribution:	\$ 103	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 46

Single Source Entity's Name: Staten Island Care Center

or
Single Source Person's Last Name:

First Name:

Address: 200 Lafayette Avenue

State: NY

ZIP code: 10301

City: Staten Island

Phone:

Date Contribution Received:	03 / 12 / 13	Amount of Contribution:	\$ 368	.00
Date Contribution Received:	04 / 30 / 13	Amount of Contribution:	\$ 368	.00
Date Contribution Received:	05 / 28 / 13	Amount of Contribution:	\$ 123	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 47

Single Source Entity's Name: Sun Harbor Manor

or
Single Source Person's Last Name:

First Name:

Address: 255 Warner Avenue

State: NY

ZIP code: 11577

City: Roslyn Heights

Phone:

Date Contribution Received:	02 / 21 / 13	Amount of Contribution:	\$ 134	.00
Date Contribution Received:	03 / 05 / 13	Amount of Contribution:	\$ 49	.00
Date Contribution Received:	04 / 01 / 13	Amount of Contribution:	\$ 85	.00
Date Contribution Received:	05 / 03 / 13	Amount of Contribution:	\$ 85	.00
Date Contribution Received:	06 / 03 / 13	Amount of Contribution:	\$ 85	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Sutton Park Center for Nursing & Rehab.

or
Single Source Person's Last Name:

First Name:

Address: 31 Lockwood Avenue

City: New Rochelle

State: NY

ZIP code: 10801

Phone:

Date Contribution Received: 01 / 24 / 13 Amount of Contribution: \$ 863 .00

Date Contribution Received: 03 / 12 / 13 Amount of Contribution: \$ 125 .00

Date Contribution Received: 04 / 03 / 13 Amount of Contribution: \$ 125 .00

Date Contribution Received: 05 / 15 / 13 Amount of Contribution: \$ 147 .00

Date Contribution Received: 06 / 03 / 13 Amount of Contribution: \$ 272 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 49

Single Source Entity's Name: Terrace Health Care Center

or
Single Source Person's Last Name:

First Name:

Address: 2678 Kingsbridge Terrace

City: Bronx

State: NY

ZIP code: 10463

Phone:

Date Contribution Received: 01 / 25 / 13 Amount of Contribution: \$ 282 .00

Date Contribution Received: 02 / 06 / 13 Amount of Contribution: \$ 141 .00

Date Contribution Received: 03 / 19 / 13 Amount of Contribution: \$ 141 .00

Date Contribution Received: 04 / 01 / 13 Amount of Contribution: \$ 141 .00

Date Contribution Received: 06 / 10 / 13 Amount of Contribution: \$ 282 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 50

Single Source Entity's Name: Throgs Neck Extended Care Corp.

or
Single Source Person's Last Name:

First Name:

Address: 707 Throgs Neck Expy.

City: Bronx

State: NY

ZIP code: 10465

Phone:

Date Contribution Received: 01 / 02 / 13 Amount of Contribution: \$ 392 .00

Date Contribution Received: 05 / 28 / 13 Amount of Contribution: \$ 522 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Union Plaza Care Center

or
Single Source Person's Last Name:

First Name:

Address: 33-23 Union Street

State: NY

ZIP code: 11354

City: Flushing

Phone:

Date Contribution Received:	01 / 04 / 13	Amount of Contribution:	\$ 165	.00
Date Contribution Received:	02 / 21 / 13	Amount of Contribution:	\$ 214	.00
Date Contribution Received:	03 / 05 / 13	Amount of Contribution:	\$ 165	.00
Date Contribution Received:	04 / 01 / 13	Amount of Contribution:	\$ 165	.00
Date Contribution Received:	05 / 31 / 13	Amount of Contribution:	\$ 330	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 52**

Single Source Entity's Name: Waterview Nursing Care Center

or
Single Source Person's Last Name:

First Name:

Address: 104 Pension Road

State: NJ

ZIP code: 07726

City: Englishtown

Phone:

Date Contribution Received:	01 / 22 / 13	Amount of Contribution:	\$ 572	.00
Date Contribution Received:	03 / 13 / 13	Amount of Contribution:	\$ 174	.00
Date Contribution Received:	04 / 18 / 13	Amount of Contribution:	\$ 136	.00
Date Contribution Received:	05 / 31 / 13	Amount of Contribution:	\$ 87	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 53**

Single Source Entity's Name: White Plains Center for Nursing

or
Single Source Person's Last Name:

First Name:

Address: 20 Franklin Place

State: NY

ZIP code: 11598

City: Woodmere

Phone:

Date Contribution Received:	01 / 07 / 13	Amount of Contribution:	\$ 112	.00
Date Contribution Received:	02 / 22 / 13	Amount of Contribution:	\$ 112	.00
Date Contribution Received:	03 / 19 / 13	Amount of Contribution:	\$ 56	.00
Date Contribution Received:	05 / 31 / 13	Amount of Contribution:	\$ 112	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Woodmere Rehabilitation & Health Care Center

or
Single Source Person's Last Name:

First Name:

Address: 20 Franklin Place

State: NY

ZIP code: 11598

City: Woodmere

Phone:

Date Contribution Received:	01 / 07 / 13	Amount of Contribution: \$ 214	.00
Date Contribution Received:	02 / 15 / 13	Amount of Contribution: \$ 214	.00
Date Contribution Received:	03 / 22 / 13	Amount of Contribution: \$ 428	.00
Date Contribution Received:	05 / 31 / 13	Amount of Contribution: \$ 642	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 55

Single Source Entity's Name: Workman's Circle

or
Single Source Person's Last Name:

First Name:

Address: 3155 Grace Avenue

State: NY

ZIP code: 10469

City: Bronx

Phone:

Date Contribution Received:	01 / 28 / 13	Amount of Contribution: \$ 196	.00
Date Contribution Received:	02 / 13 / 13	Amount of Contribution: \$ 49	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # _____

Single Source Entity's Name:

or

Single Source Person's Last Name:

First Name:

Address:

State:

ZIP code:

City:

Phone:

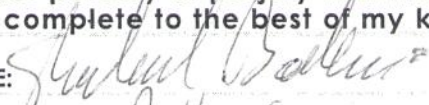
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

VI Subjects lobbied:☐ Continued on attached pages**VII** Person, State Agency, Municipality or Legislative Body lobbied:☐ Continued on attached pages**VII** Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:☐ Continued on attached pages**VIII** Title and Identifying Numbers of procurement contracts/documents lobbied:☐ Continued on attached pages**IX** Number or Subject Matter of Executive Order of Governor/Municipality lobbied:☐ Continued on attached pages**X** Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:☐ Continued on attached pages**XI Declaration**

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:

DATE:

7/11/13

PRINT NAME: LAST

Bolton

FIRST

Michael

TITLE:

Executive Director

Mark One:



Chief Administrative Officer



Designee(Attach Letter)

The following MUST be attached to this report at the time of submission:

--You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)

--If applicable, a designation letter if you have marked designee in section XI.

--If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.